



## **MONTANA STATE HOSPITAL POLICY AND PROCEDURE**

### **INFECTION REPORT**

**Effective Date:** December 18, 2002

**Policy #:** IC-10

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- I. PURPOSE:** To provide an active system of reporting patient infections, evaluating treatment outcomes, and maintenance of records related to hospital acquired infections.
- II. POLICY:** An Infection Report form (see Attachment A) will be completed on all infections. Recorded data will include identification and location of the patient, date of admission, an onset of symptoms, type of infection, cultures taken and results, antibiotics, and other treatment prescribed. Each completed Infection Report will be reviewed with recommendations for follow up or prevention plans by the Infection Control Coordinating Group.
- III. DEFINITIONS:**
  - A. Infection: The state produced by the establishment of an infective agent in or on a suitable host which, under favorable conditions, multiplies and produces effects which are injurious.
- IV. RESPONSIBILITIES:**
  - A. All licensed nurses are responsible for:
    - 1. Promptly completing the Infection Reports and forwarding them to the Infection Control Nurse.
  - B. Medical Clinic Nurse or Medical/Dental Assistant is responsible for:
    - 1. Promptly notifying the Infection Control Nurse of any Reportable Diseases diagnosed in the Medical Clinic, or during review of laboratory results or in the course of admission or annual physical.
  - C. The Infection Control Nurse is responsible for:
    - 1. Reporting "Reportable Diseases" in accordance with requirements of the Department of Public Health and Human Services, Health Policy & Services Division.

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2. Preparing the monthly "Infection Surveillance Report" for the Infection Coordinating Group.
  3. Offer training to treatment units, through the Nursing Supervisors and Staff Development on Infection Control issues.
- D. The Infection Control Coordinating Group is responsible for:
1. Reviewing the monthly "Infection Surveillance Report."
  2. Taking corrective action on issues related to Infection Control.
  3. Making recommendations for prevention of infections when applicable.
  4. Developing quality indicators, preparing quarterly summaries, and reporting results to the Quality Improvement Committee.
- E. The consulting physician for infection control is responsible for:
1. Reviewing the Infection Reports.
  2. Reviewing the Infection Surveillance Report
  3. Reviewing all hospital policies for infection control and all policy changes dealing with infection control.

## V. PROCEDURE:

- A. Steps to be taken for the processing of Infection Reports:
- Step 1. The Infection Report is completed by the RN or LPN, for any infection, infectious disease, or infectious exposure, as evidenced by symptoms, prescribed antibiotics, anti fungals, or cultures ordered by physicians or other authorized health care providers.
  - Step 2. Send the completed form to the Infection Control Nurse.

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- Step 3. The Medical Clinic Nurse or Medical/Dental Assistant are to notify the Infection Control Nurse, either by phone or in person, as soon as possible after discovering a Reportable Disease in the course of his/her duties in the Medical Clinic.
- Step 4. The Infection Control Nurse will review all Infection Reports as they are received. He/she will note trends or issues related to the types, locations, and frequency of infections. This information can be utilized to investigate possible sources of transmission on the various treatment units.
- Step 5. The Infection Control Nurse will obtain the - Monthly Ward Summary report from the hospital Business Office.
- Step 6. The Infection Control Nurse will return incomplete Infection Reports to the nursing supervisor of that treatment program for completion.
- Step 7. Follow up may be tracked on the Infection Control Nurse's portion of the Infection Report. This follow up will be based on the repetition of treatment of the same infection or spot checks.
- Step 8. Reports will be reviewed at the next meeting of the Infection Control Coordinating Group and summarized on the monthly Infection Surveillance Report.
- Step 9. The Infection Reports are retained by the Infection Control Nurse and reviewed by the Chairman of the Infection Control Coordinating Group for infection control to evaluate the appropriateness and effectiveness of treatment.
- Step 10. The Infection Surveillance Report will be distributed to all Infection Control Coordinating Group members, Hospital Administrator, Director of Nursing, Nurse Managers and Chairperson of Medical Staff after each Infection Control Meeting. Copies are available on request to interested parties by contacting the Infection Control Nurse at 7265.
- Step 11. The Infection Control Nurse will present the Infection Surveillance Report at least quarterly to the QI Committee.

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#### VI. REFERENCES:

- A. Webster's New Collegiate Dictionary
- B. Montana Administrative Rules:  
Reporting regulations  
A.R.M. 16.28.201 through 16.28.204

#### VII. COLLABORATED WITH: Chair, Infection Control Coordinating Group; Director of Nursing Services; and Medical Clinic Chief.

#### VIII. RESCISSIONS: Policy # IC-10 -- *Infection Report* dated February 14, 2000; and Policy # IC-01-03 -- *Infection Report* dated 2/27/95.

#### IX. DISTRIBUTION: All hospital policy manuals.

#### X. REVIEW AND REISSUE DATE: December 2005

#### XI. FOLLOW-UP RESPONSIBILITY: Infection Control Nurse

#### XII. ATTACHMENTS: A. [Infection Report Form](#)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Ed Amberg  
Hospital Administrator      Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Thomas Gray, MD  
Medical Director      Date

## MONTANA STATE HOSPITAL INFECTION REPORT

*SECTION I: TO BE COMPLETED BY R.N. OR L.P.N. WHEN ORDER IS ACKNOWLEDGED FOR PATIENTS WITH INFECTION, INFECTIOUS DISEASE, OR INFECTIOUS EXPOSURE, AS EVIDENCED BY SYMPTOMS, PRESCRIBED ANTIBIOTICS, OR CULTURES ORDERED BY A PHYSICIAN.*

***EACH BLANK MUST BE COMPLETED.***

PATIENT NAME: \_\_\_\_\_ UNIT: \_\_\_\_\_ HOSP.# \_\_\_\_\_

DATE OF ADMISSION \_\_\_\_\_

PHYSICIAN (ORDERING) \_\_\_\_\_

DIAGNOSIS OF INFECTION AND  
DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. WAS THE PATIENT ADMITTED WITH THIS INFECTION? YES \_\_\_\_\_ NO \_\_\_\_\_

2. DATE INFECTION DEVELOPED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

3. WAS INFECTION CULTURED? YES \_\_\_\_\_ NO \_\_\_\_\_.

4. TYPE OF INFECTION: Please check one. Provide specific information for other.

Urinary Tract \_\_\_\_\_ Respiratory \_\_\_\_\_ Conjunctivitis \_\_\_\_\_

Skin or Wound \_\_\_\_\_ Sinusitis \_\_\_\_\_ Otitis Media \_\_\_\_\_

Dental \_\_\_\_\_ Pharyngitis \_\_\_\_\_ Otitis External \_\_\_\_\_

Gynecologic \_\_\_\_\_ Gastroenteritis \_\_\_\_\_ IV Related \_\_\_\_\_

Other: \_\_\_\_\_

5. Describe Medications/Treatment ordered by  
physician? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Nurse completing this  
report: \_\_\_\_\_ Date \_\_\_\_\_

7. IC Nurse follow up on treatment  
(optional) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ Date/Initial \_\_\_\_\_  
\_\_\_\_\_